

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | DW       | 72346  | 6-30-66 |
| RESPONSE FORMALITY REVIEW |          |        |         |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| — (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 1     | 6-30-66  |
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| 6     | N        |
| 7     | N        |
| 8     | ✓        |
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| Claim | Date     |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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